

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000087964

FILED
Mar 07, 2005
Secretary of State

Entity Name: HANDS TO HANDS MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

7221 SW 24 STREET #202
MIAMI, FL 33155

New Principal Place of Business:

7175 SW 47TH ST
210
MIAMI, FL 33155

Current Mailing Address:

7221 SW 24 STREET #202
MIAMI, FL 33155

New Mailing Address:

7175 SW 47TH ST
210
MIAMI, FL 33155

FEI Number: 04-3708808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, NELSON JR.
6219 SW 131 PL
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

GONZALEZ, NELSON JR.
6208 SW 131 PL
204
MIAMI, FL 33183 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

03/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GONZALEZ, NELSON
Address: 6219 SW 131 PL
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GONZALEZ, NELSON
Address: 6208 SW 131 PL
City-St-Zip: MIAMI, FL 33183

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON GONZALEZ

PD

03/07/2005

Electronic Signature of Signing Officer or Director

Date